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Application Number	10/785,661
Filing Date	February 23, 2004
First Named Inventor	N. David Crow
Title	Occlusal Marking System and Method of Use
Art Unit	3732
Examiner Name	Ralph A. Lewis
Attorney Docket Number	2576-001-03 (BIT-203-01

I hereby revoke all previous powers of attorney given in the above-identified application.						plication.	
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	M Davel Cross		Date		3-16	0-0.7	
Name	N. David Crow		Telephone	206	-203	3-1172	
Title and Company	President - Bir	rema	wych				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Z *Total of	forms are submitted.	:					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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BIT 203-01 **Attorney Docket Number** SECLARATION FOR UTILITY OR Crow, N. David First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date **X** Declaration Declaration OR Submitted after Initial Submitted **Art Unit** Filing (surcharge with Initial

Filing	(37 CFR 1.16 (e)) required)	Examiner Name		
As the below named inventor, I her	eby declare that:	MAN		
My residence, mailing address, and c	itizenship are as stated belov	v next to my name.		
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whi	ch a patent is soug	ht on the invention entitled:
OCCLUSAL MARKING	SYSTEM AND MET	THOD OF USE		
	(Title of the In	vention)		
the specification of which	•	•		
Is attached hereto				
OR				
was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International
_	<u> </u>			
Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).
I hereby state that I have reviewed an any amendment specifically referred t	d understand the contents of above.	the above identified spec	ification, including	the claims, as amended by
I acknowledge the duty to disclose inf applications, material information which	an became available between	patentability as defined in the filing date of the prior	37 CFR 1.56, inclu application and the	uding for continuation-in-part e national or PCT
international filing date of the continual I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(States of America, listed below and I breeder's rights certificate(s), or any claimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international have also identified below by	application which design	ated at least one of	ountry other than the United
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
Addition	·			
Additional foreign application nu	mbers are listed on a suppler	mental priority data sheet	PTO/SB/02B attack	had hereto:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor						
NAME OF SOLE OR FIRST INVENTOR		Apeuton				
Given Name N. David	iven Name N. David Family Name or Surname			Name		
(first and middle [if any])			or Sun	Mille	10-18-04	
Inventor's M Daved	0	your		i	Date	
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City		A petition has been filed for this unsigne				
NAME OF SECOND INVENTOR:	ليا	A position is	1			
Given Name (first and middle [if any])		Family Name or Sumame				
Inventor's Signature				1	Date	
Residence: City		State	Country		Citizenship	
Malling Address						
Malling Address	, ,					
City		State		ZIP	Country	
Additional inventors are being named on the	=s	upplemental Ad	ditional In	ventor(s) sheet(s) PTO	/SB/02A attached hereto.	